









H4RT - The High-volume Haemodiafiltration vs High-flux Haemodialysis Registry Trial Issue 1 Patient Newsletter 2019

Welcome to the first H4RT patient newsletter. We hope that through our annual newsletter we can keep you informed about this study.

First of all, thank you for taking part. This is a really important study which we hope will lead to a better understanding of how we can improve survival and quality of life for people on dialysis.

I studied medicine in Glasgow and became interested in kidney dialysis and transplantation in my first year as a doctor in 1993. After undertaking my research training in Aberdeen I moved to the South West of England to continue my specialist training and build research links with the UK Renal Registry, based in Bristol.

Haemodialysis became clinically possible in the 1940s and while things have improved enormously since then it is still very demanding for patients. Improvements in technology, like adding 'filtration' to make it haemodiafiltration, should remove extra toxins but the expected benefits have not been confirmed in research.



Dr Fergus Caskey Chief Investigator of H4RT Consultant Nephrologist North Bristol NHS Trust

H4RT is seeing if high volume filtration added to haemodialysis improves survival and reduces hospital admissions with heart attacks and infections.

Progress with H4RT has been great - 27 NHS hospitals across the UK are now involved and as of the end of August 2019 we have recruited 872 patients, more than half of our target of 1550 patients. Thank you!



Anthony dialyses at a satellite unit in North Bristol NHS Trust.

A Patient Perspective, Anthony Ricketts (Bristol)

Why did you take part in the H4RT trial?

I chose to take part as I just wanted to help basically. You're doing something that's really important and to be part of it is great. If I can assist in anything going forward then that really was the thinking behind it, I'm on dialysis anyway so I wanted to try it.

What has been your experience of taking part in the H4RT trial? It's been fine, I've not found too many problems personally, obviously when you dialyse you get the days where you don't feel great, but that's just one of those things. I can't really tell any difference between how I was dialysing before the trial.

Has being in H4RT changed your treatment schedule at all? I dialyse the same amount, still 3 days a week 4 hours a day.

I'd like to give a special thanks to everyone that's looked after me, they've done a great job since I've come in.

From H4RT research nurse, Jo Baxter (Aberdeen)

Recruiting patients to take part in H4RT has been a pleasure. The team involved from both Bristol & Aberdeen are fantastic to work with. For me, research was entirely new & so their support & advice has been invaluable. My role involves seeing those patients who have said yes to taking part in the study & getting their written consent. I've been pleased to see that a lot of our older patient population have been keen to take part & say that it's great

to be involved in something that could potentially improve their treatment.

I complete all the paperwork involved & use a computer to randomise each patient, letting them know the result & inform the nurses in the dialysis unit of the outcome. I've also had the chance to do a bit of staff education thanks to the study which has been rewarding. I'm looking forward to seeing the trial progress & the results!



Patient Questionnaires

Follow-up questionnaires – we are grateful for every one you complete. Keep your eyes open for these which are sent every 6 months. Please try to complete as much of the questionnaire as you can, but don't worry if there are some questions you'd prefer not to answer!

More information about H4RT is available on our website https://www.bristol.ac.uk/population-health-sciences/projects/h4rt-trial

or by email : <u>h4rt-study@bristol.ac.uk</u>

Follow us on twitter @H4RT UK





Funding Acknowledgement: This project was funded by the National Institute for Health Research HTA programme (project number 15/80/52). Department of Health Disclaimer: The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HTA programme, NIHR, NHS or the Department of Health. BRTC Acknowledgement: Bristol Randomised Trials Collaboration, Bristol Trials Centre, University of Bristol, Bristol, UK. This study was designed and delivered in collaboration with the Bristol Randomised Trials Collaboration (BRTC), a UKCRC registered clinical trials unit which, as part of the Bristol Trials Centre, is in receipt of National Institute for Health Research CTU support funding. REDCap Acknowledgement: Study data is collected and managed using REDCap (Research Electronic National Institute Data Capture, Harris PA, et al. J Biomed Inform. 2009 Apr;42(2)377-81) hosted at the for Health Research

University of Bristol. Sponsorship: The study is sponsored by North Bristol NHS Trust.